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May 24, 2001

MEDNEWS #01-20

Stories this week:

MN012001. Navy Nurse Veterans Return to Pearl Harbor
MN012002. Combating Campylobacter in Thailand
MN012003. Navy Medical Researcher Named to Women Divers Hall of
Fame
MN012004. One-of-a-Kind Physical Therapy Clinic Opens at Port
Hueneme
MN012005. STENNIS Battle Group Gets Virtual Medical Library
MN012006. SECDEF Asks for Moment of Remembrance on Memorial Day
MN012007. "Why I Believe in TRICARE"
MN012008. HealthWatch: CONNIE Sailors Learn to Chill in the Gulf
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MN012001. Navy Nurse Veterans Return to Pearl Harbor
Pearl Harbor, HI - When the movie "Pearl Harbor" premiered
aboard USS JOHN C. STENNIS on May 21, 2001, in the audience were
five special guests - Navy nurses who were serving at Pearl Harbor
during the Dec. 7, 1941 attack.

Lenore Rickert, Rosella Asbelle, Peggy Dye, Helen Entrikin,
and Bertha Roberts, and Helen's twin sister Sara Entrikin, an Army
nurse veteran, were honored at a ceremony at the Naval Medical
Clinic at Naval Shipyard Pearl Harbor the day before the movie
premiere.

Twenty-nine nurses were assigned to Naval Hospital Pearl
Harbor on Dec. 7, 1941. There were another 13 nurses on the
hospital ship USS SOLACE, and a few additional nurses at the
hospital at Hickam Air Field.

"These nurses worked at a relentless pace, trying to keep up
with the constant flow of patients," said CAPT Frances Connor, NC,
director of nursing at Naval Medical Clinic Pearl Harbor. "These
nurses treated 327 burn cases on the first day of the war and
worked three full days without sleep."

Peggy Dye remembered some of the severely injured young men.
"Those boys were the real heroes, and they were so young."

She recalled being in the nurses' quarters when she first
heard the planes and the explosions. She looked out the window at
a Japanese plane that was so close that she could clearly see the
pilot's goggles. The next thing she heard was the chief nurse's
voice on the intercom with instructions to report to duty.
Casualties began arriving immediately and the nurses continued
nonstop with only brief rest periods for the following ten days.

Asbelle's first recollection of the attack on Pearl Harbor was another nurse who stood next to her when the explosions began crying out, "Oh Rosella, it's war!"

Dye gives "Pearl Harbor," the movie, good reviews.

"It was terrific," she said. "The movie gave a good idea of what it was like to be there."

By LCDR Mary Claire Lanser, Pearl Harbor Joint Information Bureau

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MN012002. Combating Campylobacter in Thailand

Phitsanulok, Thailand - The exercise Cobra Gold 2001 trains military forces from the U.S., Thailand and Singapore, but it is also providing a real-world opportunity for Navy and Army medical researchers to study more effective treatments to combat Campylobacter bacteria, which can cause severe diarrhea.

For some, the infection is little more than an inconvenience that sends its victims running to the head. But it has the potential to kill the very young or old, or those with already compromised health.

It can also affect a force's readiness. Between 30 to 40 percent of personnel who participated in the exercise reported having had at least one day of diarrhea during the exercise, said David R. Tribble, head of enteric diseases, clinical studies at the Naval Medical Research Center in Silver Spring, MD.

For the last several years, during Cobra Gold, the Diarrhea Surveillance and Treatment Team (DSTT) set up an extensive lab to study and track the bacteria's impact. One of the reasons medical personnel have become so concerned about the bacteria is that it is becoming increasingly resistant to antibiotics. According to Tribble, in just a few years, its resistance has risen to almost 90 percent. It is the number one illness U.S. forces cope with during Cobra Gold each year.

The DSTT is trying to determine the best antibiotic therapy for diarrhea for deployed military in Thailand. Antibiotics being tested include levofloxacin and azithromycin.

The DSTT also ask military personnel who report to medical with diarrhea to detail their eating and drinking habits, type of treatment they are already receiving for the problem, and where and when they have eaten.

"We want to identify risk factors to increase effectiveness of prevention," said LT James Lawler, MC, clinical investigator on the DSTT. "If patients commonly report eating at the same location, the team can make a recommendation to avoid eating there."

The ultimate goal is to develop a diarrhea vaccine. "A vaccine would prevent lost man-hours at critical times," said Tribble.

By JO2(SW) Dave Hites, Cobra Gold 2001

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MN012003. Navy Medical Researcher Named to Women Divers Hall of Fame

Silver Spring, MD - Navy medical researcher Susan R. Kayar, Ph.D., recently became a member of an elite group that includes the most notable women leaders and innovators in the diving community.

She was named to the Women Divers Hall of Fame.

Kayar is head of the decompression sickness research program at the Naval Medical Research Center in Silver Spring, MD, where she is studying decompression sickness resulting from ultra-deep dives to 2000 feet.

"The award acknowledges my work in biochemical decompression, which will hopefully lead to a pill to prevent decompression sickness," Kayar said. Kayar is working on a bacteria "pill" that will remove gas from divers' bodies. The bacteria, naturally resident in the human intestine, act as biochemical scrubbers. Using laboratory models, Kayar and her research team have shown that biochemical decompression will lower the amount of gas from divers' tissues during a dive and lower the risk of decompression sickness when they return to the surface from a deep dive.

"There is still a lot of work to do," said Kayar. "It will take ten more years of research and a collaboration with a pharmaceutical company to make the pill a reality. "

Her current studies focus on hydrogen metabolizing bacteria for deep diving, but future plans are to extend the approach to shallow water diving, using bacteria that metabolize nitrogen. Other projects she and her team are working on include drug intervention to prevent decompression sickness using off-the-shelf medications. Some of these drugs are now being used for illnesses similar to decompression sickness, such as stroke and neurological damage from a spinal crush injury. She is also looking at the possibility of links between temperature exposure during and after a dive as risk factors for decompression sickness.

The Women Divers Hall of Fame is sponsored by Beneath the Sea, an organization of divers; the Underwater Society of America; the Women's Scuba Association; and Women Underwater, LTD, a publication for women divers.

CAPT Marie E. Knafelc, MC, an undersea medical officer with the Navy Experimental Diving Unit and qualified in scuba, mixed gas and saturation diving, is also a member of the Women Divers Hall of Fame.

By Doris Ryan, Bureau of Medicine and Surgery

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MN012004. One-of-a-Kind Physical Therapy Clinic Opens at Port Hueneme

Port Hueneme, CA - The Naval Ambulatory Care Center's (NACC) physical therapy department at Naval Base Ventura County's Port Hueneme site took its first step toward its vision of changing attitudes about physical fitness when it opened a satellite physical therapy clinic in the base's Warfield Gym earlier this month.

The clinic is the first of its kind for the Navy because it is actually located in a gym and not in a medical facility.

"We're hoping the gym setting will encourage people to work toward long-term fitness. We'll be able to show them how to use equipment properly and how to prevent injury," said CAPT Rebecca Nulte, MSC, NACC's officer in charge.

Morale, Welfare and Recreation (MWR) partnered with the physical therapy department to establish the satellite site by

setting aside the space for the clinic and also assisting in the renovations.

"This has been a project in the works for a long time," said HM3 Rob Cooley, one of the physical therapy technicians. "I started asking around a year ago to try to get a clinic in the gym. I'm happy to see that it's finally open."

The new clinic is a positive addition for everyone involved.

"It will bring people into the gym during off-peak hours, getting the most possible usage out of the equipment while giving the patients access to all this equipment that they wouldn't use in the care center," said Nulte.

Along with the benefit of having all the gym's equipment to use, people can also use their physical training time to go to the clinic instead of making an appointment at NACC. However, they still need an appointment for the clinic.

"The idea was to get people better faster," Nulte said. "People will have access to all the gym equipment instead of just the equipment we use in therapy. This way, they'll have extra help in getting better."

Nulte said the clinic's location in the gym can save people valuable time during the workday.

"Being able to go to the gym and physical therapy at the same time will save people from taking time away from work.

They'll be able to go to physical therapy during the scheduled physical training time," Nulte said. "The satellite clinic is truly a great step in changing people's attitudes toward physical fitness."

By JO2 Lynn Kirby, Naval Base Ventura County

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MN012005. STENNIS Battle Group Gets Virtual Medical Library

Bethesda, MD - What might have filled many feet of bookshelves ten years ago will now only take up a few bytes in cyberspace, thanks to an initiative undertaken by the Naval School of Health Sciences (NSHS) in Bethesda, MD.

The JOHN C. STENNIS Battle Group will be the first to get a virtual medical education library contained on 17 interactive CD roms that will be uploaded to a server in the STENNIS' medical department, giving all the computers in the department access to the information. Eventually, all Sailors on the ship will be able to get the information via the ship's Intranet.

Subjects in the library include advanced combat trauma life support, dental emergencies, management of chemical warfare injuries, triage and surgical priorities, and much more.

While the NSHS developed and produced the library, Naval Sea Logistics Center and the Fleet Technical Support Center Pacific will install them on the server. Installation is expected to be completed by mid-July.

"This effort reflects the ability and diversity of NSHS Bethesda to support the ever-changing needs of our Navy, both ashore and afloat," CAPT David Wynkoop, MSC, commanding officer of NSHS, said.

The medical library is part of the larger, complete Navy Virtual Library that will provide shipboard Sailors a wide variety

of learning information. The virtual library will provide an online search capability to access a number of information libraries through an Intranet and satellite.

An East Coast battle group is scheduled to get the medical library next year.

By LT Rene Pachuta, MSC, NSHS Bethesda

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MN012006. SECDEF Asks for Moment of Remembrance on Memorial Day

Pentagon - Secretary of Defense Donald H. Rumsfeld sent the following message to the men and women of the Armed Forces in observance of Memorial Day and the National Moment of Remembrance on May 28, 2001:

"From the Pentagon, there is visible a small, gently rolling corner of Arlington Cemetery. One cannot look upon its headstones, row on row, without being powerfully reminded of the great spirit of service and sacrifice that has defined this country from its very beginnings. With Memorial Day's dawn, we are called as a nation to remember these souls and all our honored dead, the men and women whose ultimate sacrifice guaranteed the liberties that we have enjoyed throughout the history of our nation.

"Their sacrifice spans generations, and yet they share a common bond - they all died for a cause much greater than themselves. There is a long-told story that in the early days of the Second World War, General George Marshall was asked if America had a secret weapon to win the war. He replied that we did have such a weapon--he called it "the best darn kids in the world." Today, the "best darn kids" still wear this nation's uniform; they are the men and women who nobly put their lives at risk defending the freedoms we hold dear. And their devotion to duty honors the memory of their fallen brethren each and every day.

"On this Memorial Day, in gratitude for our country's blessings, let each of us pause in a national moment of remembrance for America's sons and daughters who gave the last full measure of devotion--to recall their hopes, their dreams, their valor. Let us be inspired by their selfless idealism and pledge ourselves anew to do our part to ensure the children of today and tomorrow will not have to share in their suffering and sacrifice."

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MN012007. "Why I Believe in TRICARE"

By H. James T. Sears, Executive Director, TRICARE Management Activity

When I became executive director of TRICARE Management Activity (TMA) in June 1998, the organization's purpose - and mine - was to ensure the success of the TRICARE program.

Military medicine was under assault, and I felt an incredible urgency to move on those issues that would improve our system and make it a more coordinated, effective and efficient program while improving quality of care and customer service.

I've always believed in TRICARE, and the Service surgeons general and my colleagues at TMA and the Office of the Assistant Secretary of Defense/Health Affairs (ASD/HA) share my optimism. We have stayed focused on our mission, moved boldly forward, and

achieved some remarkable victories along the way. Because of this, we are well prepared for the significant changes to TRICARE that lie ahead.

Satisfaction with TRICARE has increased every year as the program has matured. Recently released results of an independent study of TRICARE in eight regions by the Center for Naval Analyses/Institute for Defense Analyses (CNA/IDA), showed significant increases in beneficiary satisfaction in the areas of access and quality of care. In regions in which TRICARE is three or more years old, 83 percent of TRICARE beneficiaries were satisfied with their access to health care. Before TRICARE began, only 70 percent of TRICARE beneficiaries were satisfied with their access to health care.

TRICARE has continued to improve each year in terms of service and quality. At the same time it has held the line on costs to beneficiaries. The CNA/IDA study, which was publicized in Government Executive magazine, also found that the government's costs under TRICARE are lower than they would have been under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). Total costs under TRICARE were \$318 million lower in fiscal year 1998 than baseline costs in 1994.

One of the best indicators of TRICARE's success is the impact it has had on the key personnel challenges of recruitment and retention. Our active duty members have to be very satisfied with their health care, or they are not going to stay in the service. An article published in the January-March 2001 issue of the Navy Link, cited the military's medical and dental benefits among the reasons that 2,600 veterans returned to the Navy this year after working in the civilian sector. An E-3 who worked as a flight attendant said, "In the Navy, medical and dental are free; I had to pay to join an HMO with the airline, and paid a lot extra to cover my family." A seaman urged anyone considering separation to "make sure you understand the seriousness of it. Know the benefits and value of housing, medical and dental, and child care."

We've made tremendous improvements in military health care, surpassing that available in the civilian community in access, quality and cost. We no longer have to convince people TRICARE is a good deal.

Our beneficiaries express appreciation for the consistently high quality of care and excellent provider attitudes in the Military Health System. Evidence of this can be seen in a Feb. 9 article in Skywrighter Community Life about the eight-year-old daughter of an Air Force lieutenant colonel who acquired a prosthetic arm through TRICARE that enabled her to take violin lessons. Her appreciative parents lauded TRICARE's case management program for "bending over backwards to help us."

In areas where we had some concerns, like claims processing, re-enrollment and portability, we took immediate, bold steps to change. For example, implementation of the Debt Collection Assistance Officer program has greatly reduced claims processing problems that lead to debt collection. The program emphasizes the importance of obtaining early resolution to claims problems, and it provides resources to help beneficiaries. Claims processing times have been dramatically decreased. The number of claims over 60-days

old was reduced from 30,535 claims in December 1999 to 26 today.

My belief in TRICARE has never wavered. This year, it has been gratifying to watch as a large new group of believers has come into the TRICARE fold. The 2001 National Defense Authorization Act that provides TRICARE medical and pharmacy benefits to age 65 and older uniformed services beneficiaries helped quiet many concerns about our health care program. It has gone a long way to restore confidence and faith in the Military Health System.

At the 2001 TRICARE Conference, much of the news was about TRICARE improvements. Gen. James Jones, Marine Corps commandant, urged conference attendees to make service members aware that many TRICARE problems of the past have been rectified. Improvements have been made and continue to be made.

Significantly, two years ago the senior enlisted panel addressed TRICARE conference attendees and raised numerous concerns. This year the senior enlisted panel reported that TRICARE no longer dominates the discussions that senior enlisted leaders have concerning problems and challenges for service members.

Much credit for these improvements goes to the services, whose commanders and leaders believed in TRICARE, became informed about it, and helped ensure that all beneficiaries know how to use their health plan, and where to find help when they have questions or issues. Lead agents' offices, the managed care support contractors, our civilian network providers, and our military treatment facility leaders have worked closely together to guarantee access to quality health care, while maintaining or reducing costs to beneficiaries and the government.

We have improved TRICARE through reengineering and optimizing our health care delivery system, and we have enhanced our technology, communications and customer service. At every level, from Congressional offices to TMA and military treatment facility health benefits offices, TRICARE counselors and staffers have also believed in TRICARE and helped ease beneficiary concerns and misunderstandings about their TRICARE benefits.

The achievement of implementing the fundamental change from the old military health services system to TRICARE is astounding. I know of no other health plan that has attempted or achieved the goals that TRICARE has. I am convinced that we have reached this point, in part, by remaining steadfast in our belief in TRICARE and by recognizing the tremendous importance of a high quality military health care system.

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MN012008. HealthWatch: CONNIE Sailors Learn to Chill in the Gulf

At sea - USS CONSTELLATION's (CV 64) Counseling and Assistance Center (CAAC) has begun hosting anger management workshops while the ship is deployed to the Arabian Gulf. The objective of the program is to help Sailors who have problems controlling their anger better understand their emotions.

Sailors can't afford to lose control of their emotions during operations or while on liberty. When they do, the consequences can be harmful not only to themselves, but to their shipmates as well.

CONSTELLATION's clinical psychologist, CAPT Dennis Wood, MSC,

heads the clinic in the ship's CAAC classroom.

"Part of the recovery process is to provide a variety of solutions," Wood said.

Twice per week on CONSTELLATION, Sailors have the opportunity to openly discuss some of the problems they have in dealing with anger. Each class is two hours, and Sailors typically attend two to three sessions.

CONSTELLATION departed March 16 from the ship's homeport in San Diego for a six-month deployment. After port visits in Sydney and Fremantle, Australia, the ship and its battle group transited the Indian Ocean and relieved the Harry S. Truman Battle Group on station in the Arabian Gulf on May 2. With Carrier Air Wing Two embarked, CONSTELLATION has approximately 5,000 Sailors on board. OSC(SW) Earl Brown, from San Diego, is the CAAC director. According to Brown, the average age range of the Sailors going through the program is between 19 and 24.

"We have a lot of young people who join the Navy right out of high school," said Brown. "When we place them in a different environment, some of them don't have the maturity to cope with stress correctly."

According to the teachings of the anger management class, anger is an emotion that is a part of the "fight or flight" mechanism in every human being. Anger is used as a tool to process any number of feelings that include, fear, frustration, or desperation.

"Sometimes it's used in an unhealthy manner," said Brown.

The informal classroom setting provides a comfortable environment for Sailors to speak openly about their problems. Wood presents lecture material and invites open discussion.

"Change is predicated upon one principle," said Wood.

"Honesty."

By EO1 (SW) Kevin Cullen, USS CONSTELLATION (CV 64)

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